GERMAN NEW MEDICINE®

GERMAN NEW MEDICINE encompasses the medical findings of **Dr. med. Ryke Geerd Hamer**. In the early 1980s, Dr. Hamer discovered **FIVE BIOLOGICAL LAWS** that explain the cause, the development, and the natural healing of diseases based on universal biological principles. According to these biological laws, diseases are not, as assumed, the result of malfunctions or malignancies of the organism but rather "**SIGNIFICANT BIOLOGICAL SPECIAL PROGRAMS OF NATURE**" **(SBS)**, created to assist an individual during a period of emotional and psychological distress.

All medical theories, whether conventional or "alternative", past or current, are based on the concept that diseases are "malfunctions" of the organism. Dr. Hamer's discoveries prove that nothing in Nature is "diseased" but always biologically meaningful.

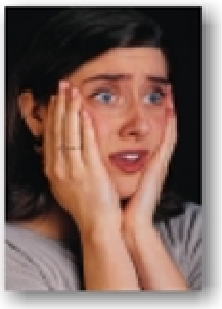
The Five Biological Laws that constitute this truly "New Medicine" are firmly anchored in the natural sciences, and are at the same time in perfect harmony with spiritual laws. **The Spanish call GNM "La Medicina Sagrada", the Sacred Medicine**, because of this truth.

THE FIVE BIOLOGICAL LAWS

FIRST BIOLOGICAL LAW

The First Criterion

Every SBS (Significant Biological Special Program) originates from a DHS (Dirk Hamer Syndrome), which is an unexpected, highly acute, and isolating conflict shock that occurs simultaneously in the PSYCHE, the BRAIN, and on the corresponding ORGAN.



In GNM terminology, a "conflict shock" or DHS refers to an emotionally distressing situation that we could not anticipate and for which we were not prepared. Such a DHS can be triggered, for example, by an unexpected separation or loss of a loved one, unexpected anger or worry, or by a sudden diagnosis or prognosis shock. A DHS differs from a psychological "issue" or an everyday stress situation insofar as an *unexpected* conflict shock involves not only the psyche but also the brain and the body.

From a biological point of view, "unexpected" implies that, unprepared for, the situation could potentially be detrimental for the one, who was caught off-guard. In order to assist the individual during such an unanticipated crisis, a **Significant Biological Special Program**, created for exactly that particular situation, is instantly set into motion.

Since these age-old meaningful survival programs are inherent in all organisms, including us humans, we speak in GNM of **biological conflicts** rather than of psychological conflicts.

Sorrow over the loss of a mate

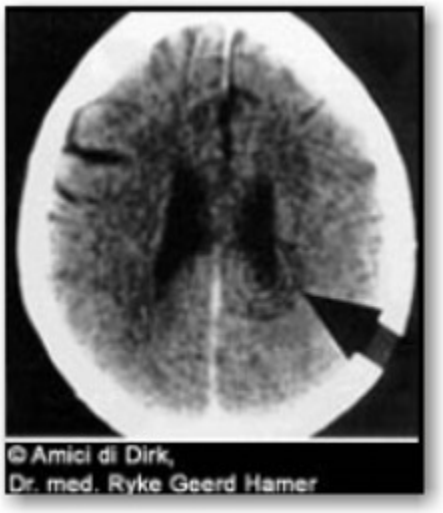
Animals experience these biological conflicts in real terms, for example, when they lose their nest or territory, when they are separated from a mate or an off-spring, when they are attacked by an opponent, when they suffer a threat of starvation or a death-fright.

Since we humans are able to interact with the world in literal and symbolic terms, we can suffer these conflicts also in a figurative sense. For example, a ”territorial loss conflict“ can translate into the loss of a home or a workplace, an ”attack conflict“ can be experienced through an offending remark, an ”abandonment conflict“ can be caused by feeling isolated and excluded from ”the pack“, or a ”death-fright conflict“ can be triggered by a diagnosis shock that is perceived as a death-sentence.

NOTE: Undernourishment, poisoning, or injuries can result in organ dysfunction(s), without a DHS!

Here is what happens in the psyche, the brain, and the corresponding organ, the moment a DHS takes place:

LEVEL OF THE PSYCHE: the individual is emotionally and mentally in distress.

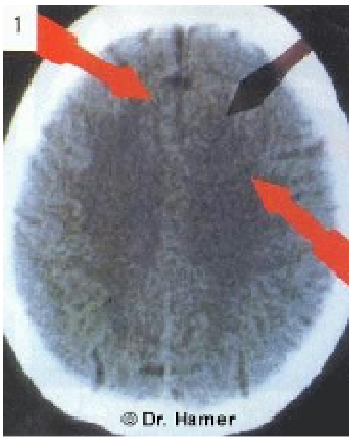


BRAIN LEVEL: The moment the DHS occurs, the conflict shock impacts a very specific – predetermined - area in the brain. The impact of the shock is visible on a brain scan (brain computer tomogram) as a set of **sharp concentric rings.**

In GNM such a ring configuration on a brain CT is called a **Hamer Focus or HH** (from the German: **H**amerscher **H**erd). The term was originally coined by Dr. Hamer's opponents, who mockingly named these structures "dubious Hamer Foci”.

Before Dr. Hamer identified these ring structures in the brain, radiologists considered them as artifacts created by a glitch in the machine. But in 1989, Siemens, a manufacturer of computer tomography equipment, **certified that these target rings cannot be artifacts** because even when the tomography is repeated and taken from different angles, the same configuration always appears in the same location.

The same type of conflict always impacts in the same brain relay.



The exact LOCATION of the HH is determined by the nature of the conflict. For example, a ”motor conflict“, experienced as ”not being able to escape“ or ”feeling stuck“, impacts in the brain in the motor cortex that controls the muscle movements.

The SIZE of the HH is determined by the intensity of the conflict.

We could imagine each brain relay as a cluster of brain cells that functions both as receptor and transmitter.

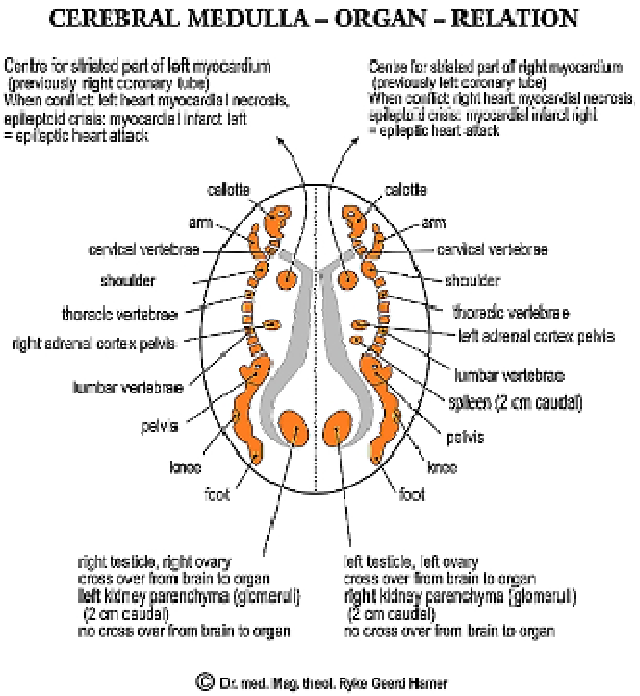
ORGAN LEVEL: The moment the brain cells receive the DHS, the conflict shock is immediately communicated to the corresponding organ and a ”**Significant Biological Special Program**“ (SBS), on stand-by for exactly that conflict, is instantly activated. The biological significance of each SBS is to *improve* the function of the conflict-related organ, so that the individual is in a better position to manage and eventually resolve the conflict.

Both the biological conflict and the biological significance of each Special Biological Program (SBS) always relate to the function of the correlating organ or organ tissue.

Example: If a male suffers a ”**territorial loss conflict**“, the conflict impacts in the area of the brain that controls the **coronary arteries**. At this moment, the arterial wall lining begins to ulcerate (causing angina pectoris). The biological purpose of the tissue loss is to widen the lumen of the heart vessel, so that more blood per minute can be pumped to the heart, which gives the male more energy and more vigor in his effort to get his territory (his lost home or workplace) back or to establish a new one.

This meaningful interplay between the psyche, the brain, and the body has been in place for millions of years. Originally, these innate biological response programs were directed from the ”**organ brain**“ (every plant still possesses such an organ brain). With the growing complexity of life forms a ”head brain“ developed, from where each Significant Biological Special Program (SBS) is now coordinated and controlled. This biological transfer to the head brain explains why **the brain control centers of each organ are arranged in the same order as the organs in the body.**

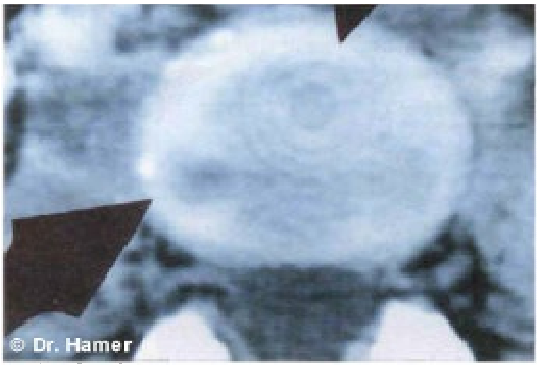
Example: The brain relays that control the skeletal structure (bones) and the striated musculature are distinctly arranged in the cerebral medulla (the interior part of the cerebrum).



This diagram shows that the control centers for the calotte (skull), arms, shoulders, vertebrae (spine), pelvis, knees, and feet are all arranged in an orderly fashion, virtually from head to toe (like an embryo on its back).

The biological conflict theme linked to the bones and the muscle tissues are ”self-devaluation conflicts“ (related to a loss of self-esteem, of feeling ”worthless“ or ”useless“).

Since there is a cross-over correlation from the brain to the body, the brain relays on the right hemisphere control the bones and muscles of the ***left*** side of the body, whereas the brain relays on the left side control the bones and muscles of the ***right*** side of the body.



This remarkable *organ CT*, showing an active HH in the area of the 4th lumbar spine (active ”self-devaluation conflict“), **makes the communication between the brain and an organ strikingly visible.**

The Second Criterion

The conflict content determines the location of the HH in the brain and where exactly on the organ level the related SBS will run its course.

The conflict content is determined at the very moment of the DHS. When the conflict occurs, our subconscious associates in a split of a second with the event a very particular ***biological*** conflict theme, e.g., ”loss of the territory“, ”worry in the nest“, ”abandonment by the pack“, ”separation from a mate“, ”loss of an off-spring“, ”attack by an opponent“, ”threat of starvation“, and so forth.

If, for example, a woman is unexpectedly faced with a separation from her partner, this does not necessarily mean that she suffers a ”separation conflict“ in biological terms. The DHS can also be experienced as an ”abandonment conflict“ (affecting the kidneys, or a ”self-devaluation conflict“ (affecting the bones, resulting potentially in osteoporosis, or a ”loss conflict“ (affecting the ovaries). Also, what one person experiences as a ”self-devaluation conflict“, can be experienced quite differently by another person. For a third person the event could be totally irrelevant.

> **It is our subjective feeling behind the conflict and our individual perception of the conflict that determines which part of the brain will receive the shock and, consequently, what physical symptoms will manifest as a result of the conflict.**

One single DHS can impact more than one brain area, resulting in multiple ”diseases“, such as multiple cancers, erroneously called metastasis. For example: If a man unexpectedly lost his business and the bank takes all his assets, he can develop colon cancer as a result of an ”indigestible morsel conflict“ (”I can’t ‘digest’ this!“), liver cancer as a result of a ”starvation conflict“ (”I don’t know how to provide for myself!“), and bone cancer as a result of a ”self-devaluation conflict“ (a loss of self-esteem). With the resolution of the conflict all three cancers will go into healing at the same time.

The Third Criterion

Every SBS-Significant Biological Special Program runs synchronously on the level of the psyche, the brain, and the organ.

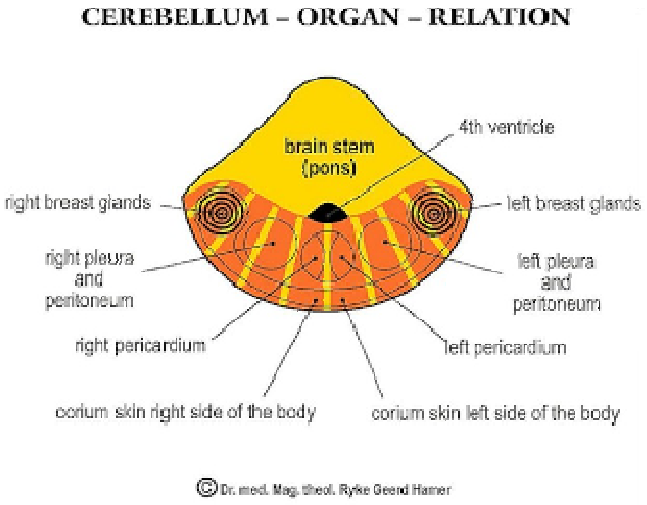
The **psyche**, the **brain**, and the corresponding **organ** are three levels of **ONE unified organism** that always works in synchronicity

BIOLOGICAL LATERALITY

Our **biological handedness** determines in which of the two brain hemisphere the conflict will impact and which side of the body will be affected. Our *biological* laterality is decided at the moment of the first cell division after conception. This is why, with identical twins, one is biologically right-handed and the other one is left-handed. The ratio of biologically right-handed and left- handed people is approximately 60:40.

The biological laterality can easily be established with the clapping test. The hand that is on top is the leading hand and tells whether a person is right-handed or left-handed.

The rule of laterality: A **right-handed** person responds to a conflict with his/her mother or child with the *left* side of the body and to a conflict with a partner (anybody except mother or child) with the *right* side. With **left-handed** people it is reversed.



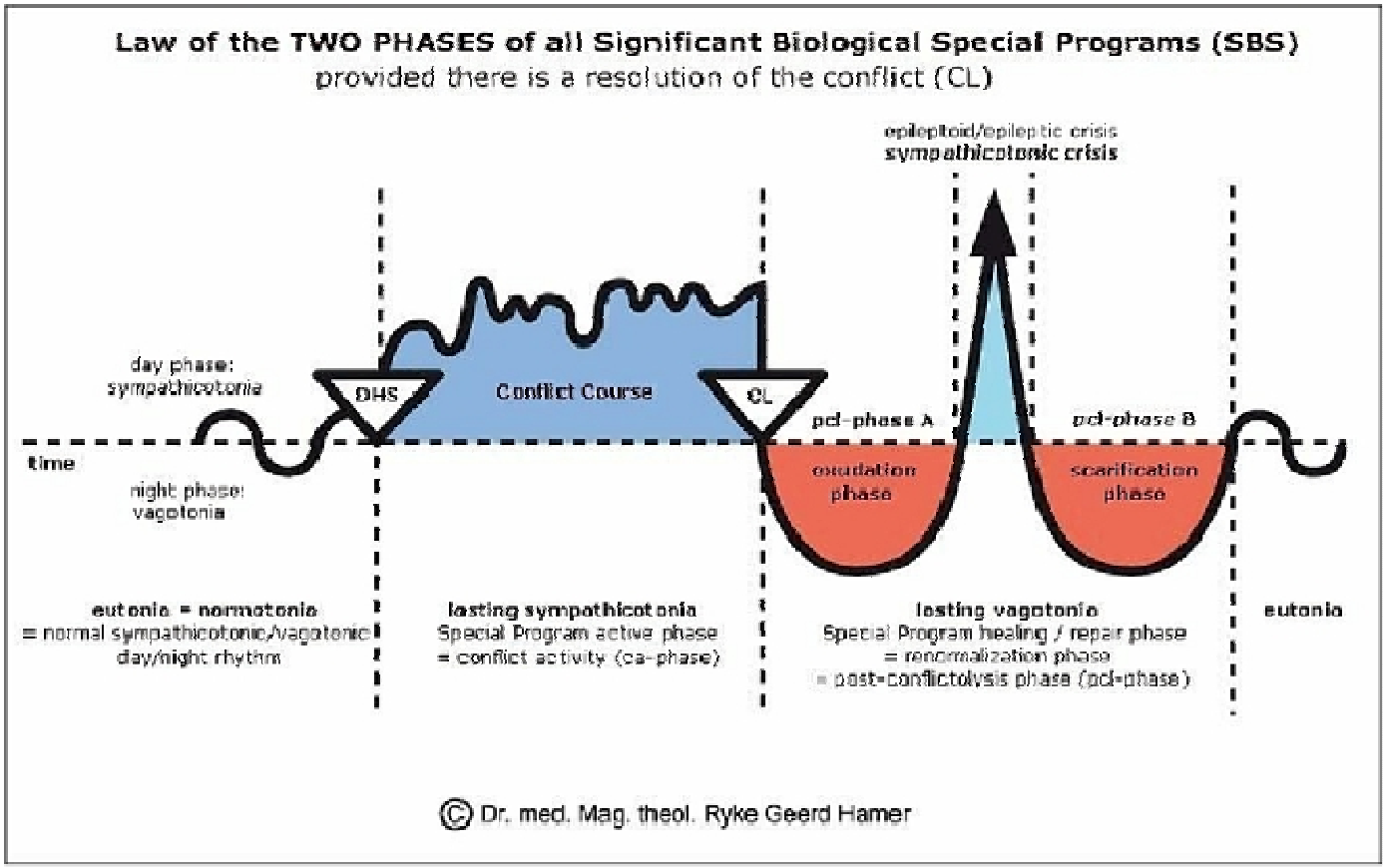
Example: if a right-handed woman suffers a ”worry conflict“ over the health of her child, she will develop a glandular breast cancer in her *left* breast. Since there is a cross-over correlation from the brain to the organ, on a brain scan, the corresponding HH will be found on the *right* hemisphere in the part of the brain that controls the glandular tissue of the *left* breast. If the woman were *left-handed,* the ”worry conflict“ over her child would manifest as a cancer in the *right* breast, showing the impact on a brain-CT on the *right* brain hemisphere, in the cerebellum.

Establishing the biological laterality is of utmost importance for identifying the original DHS.

THE SECOND BIOLOGICAL LAW

Every SBS-Significant Biological Special Program runs in two phases provided there is a resolution of the conflict.

NORMOTONIA refers to the state of our **normal day-night-rhythm**. As shown in the diagram above, "**sympathicotonia**" alternates with "**vagotonia**". These terms relate to our autonomic nervous system (ANS) which controls vegetative functions such as the heart beat or digestion. During the day, the organism is in a normal sympathicotonic state of stress ("fight or take flight"), during sleep in a normal vagotonic state of rest ("rest and digest").



THE CONFLICT ACTIVE PHASE (ca-phase; sympathicotonia)

As soon as a conflict shock (DHS) occurs, the normal day-night-rhythm is instantly interrupted and **the entire organism** enters the **conflict-active phase (ca-phase)**. At the same time, the **S**ignificant **B**iological **S**pecial Program (SBS) that correlates to the particular conflict is activated, allowing the organism to override everyday functioning in order to assist the individual - on all three levels - during the particular crisis.

LEVEL OF THE PSYCHE: Conflict-activity manifests itself as constant dwelling over the conflict.

The **autonomic nervous system** is in **lasting sympathicotonia.** Typical symptoms are sleeplessness, a lack of appetite, a fast heart beat, elevated blood pressure, low blood sugar, and nausea. The conflict-active phase is also called the **COLD phase**, because during stress the blood vessels are constricted, which results in cold hands and cold feet, a cold skin, chills, shivers, or cold sweats. From a biological point of view, however, the state of stress, particularly the extra waking hours and the total preoccupation with the conflict, put the individual into a more favorable position to find a resolution to the conflict.

BRAIN LEVEL: The location where the conflict impacts in the brain is determined by the exact nature of the conflict. The size of the HH is always proportional to the conflict's duration and intensity (conflict mass).

During the ca-phase, the HH appears on a brain scan as **sharp concentric rings**.

The brain-CT picture shows a HH in the *right* hemisphere of the motor cortex, indicating that the related motor conflict ("not being able to escape") with paralysis of the left leg is still active. In a left-handed person, the motor conflict would be associated with a partner-related conflict situation.

The biological significance of the paralysis is a "fake-dead"-reflex, because in nature a predator often attacks a prey only when it tries to escape. Thus, the inherent response is: "Since I can't escape, I play dead", causing paralysis until the danger is over. We humans share this response with all species.

ORGAN LEVEL (conflict-active phase)

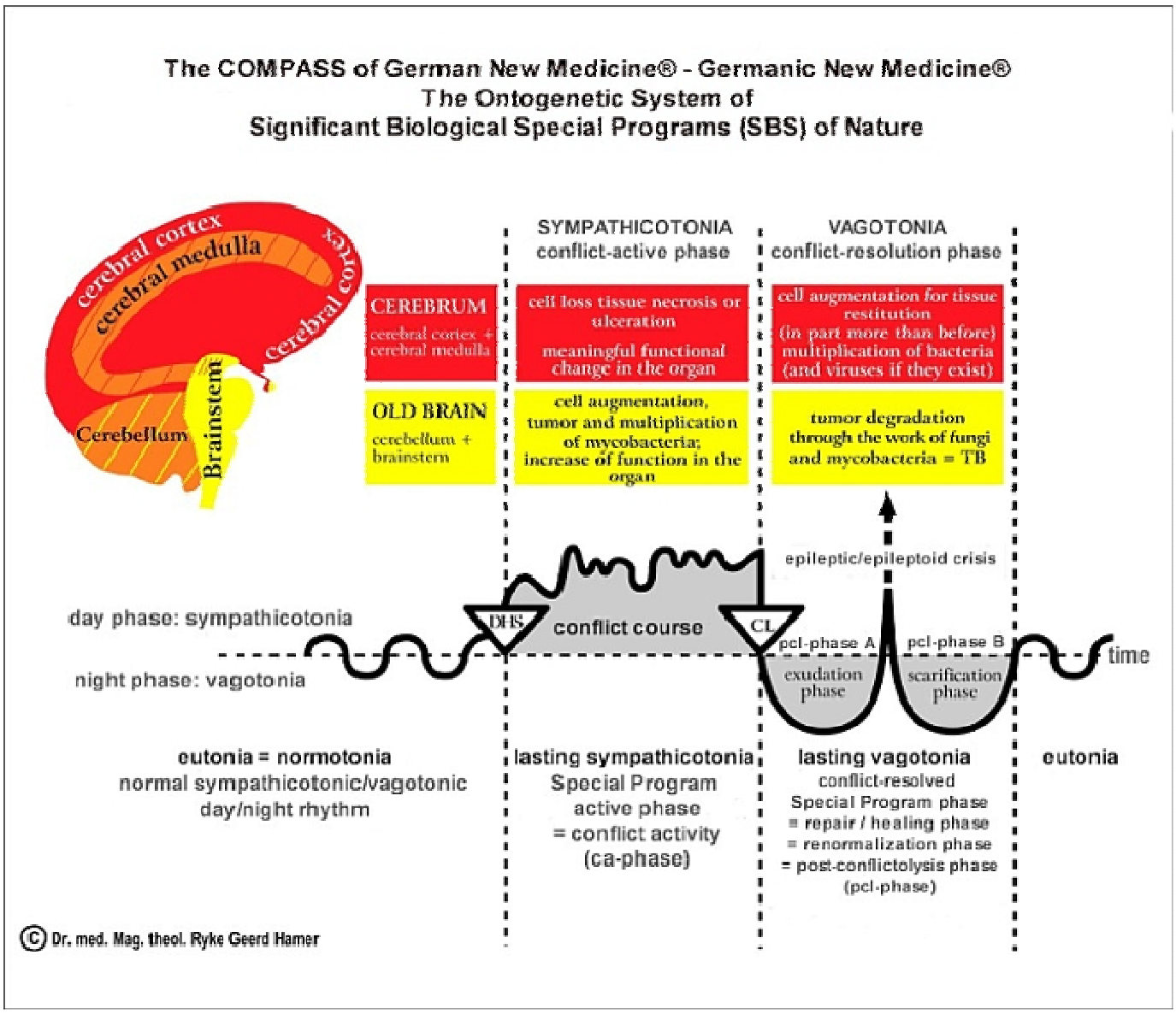
If more tissue is required to facilitate the resolution of the conflict, the conflict-related organ or tissue responds with cell proliferation.

For example: in case of a "**death-fright-conflict**", most often triggered by a diagnosis or prognosis shock, the shock impacts in the area of the brain that controls the lung alveoli cells which are in charge of processing oxygen. Since the death-panic is in biological terms equated with not being able to breathe, the lung cells immediately start to multiply. The biological purpose of the lung nodules (the **lung cancer**) is to increase the capacity of the lungs, so that the individual is in a better position to cope with the death-fright.

If less tissue is required to assist the conflict resolution, the organ or tissue responds to the related conflict with cell-meltdown.

For example: if, in nature, a female has a **sexual conflict** of not being able to mate, the tissue layer that lines the cervix (the pathway to the uterus) ulcerates. The biological significance of the tissue loss is to widen the **cervix** so that when mating finally takes place, more sperm can reach the uterus, which enhances the chance of conception. For human females this mating-conflict can be experienced as sexual rejection, sexual frustration, sexual abuse, and so forth.

Whether the organ or tissue responds to the related conflict with cell proliferation or with tissue loss follows a biological pattern that correlates to the evolutionary development of the human brain.



The **COMPASS of GNM** shows that all organs and tissues controlled from the **OLD BRAIN** (brainstem and cerebellum), such as the colon, the lungs, the liver, the kidneys, or the breast glands, always generate **cell proliferation** (tumor growth) during the conflict-active phase

All organs and tissues controlled from the **CEREBRUM** (cerebral medulla and cerebral cortex), such as the bones, lymph nodes, cervix, ovaries, testicles, or the epidermis of the skin, always generate **tissue loss**.

As the conflict-active phase advances, so do the symptoms on the related organs. The same applies, vice-versa, when the conflict activity is slowed down.

HANGING CONFLICT

A **hanging conflict** refers to the situation that a person remains in the conflict-active phase, because the conflict cannot or has not yet been resolved.

A person can live with a small conflict and the related cancer to an old age, provided that the tumor does not cause any mechanical obstructions, for instance, in the colon.

If a person is in acute conflict-activity for a longer period of time, the condition can be fatal. However, a person, who is in the conflict-active phase, can never die of cancer, because tumors that grow during the first phase of an SBS (lung tumors, liver tumors, or breast gland tumors) actually *improve* the function of the organ during that period.

Patients, who don't survive the conflict-active stress phase, often die as a result of energy loss, sleep deprivation, and above all, because of fear. With a negative prognosis and toxic treatments like "Chemo" in addition to the emotional, mental and physical exhaustion, many patients don't stand a chance.

CL-CONFLICTOLYSIS

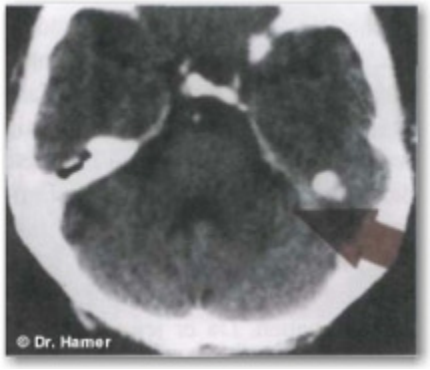
The **resolution of the conflict** is the turning point that initiates the second phase of the SBS. Like the conflict-active phase, the healing phase runs parallel on all three levels.

THE HEALING PHASE **(pcl-phase; pcl=post-conflictolysis)**

LEVEL OF THE PSYCHE: The resolution of the conflict comes with a feeling of great relief. The **autonomic nervous system** switches instantly into **lasting vagotonia** with fatigue but good appetite. Resting and a healthy diet serve the purpose to support the organism during the healing and repair process. The healing phase is also called the **WARM phase**, because during vagotonia the blood vessels are widened, resulting in warm hands, warm skin, and possibly fever.

BRAIN LEVEL: parallel to the healing of the psyche and the related organ, the brain cells that received the impact of the DHS also start to heal.

First part of the healing phase (pcl-phase A) on the brain level: Beginning with the conflict resolution, water and serous fluid are drawn to the related brain area, creating a brain edema that protects the brain tissue during the repair process. It is the swelling of the **brain edema** that causes typical cerebral healing symptoms, such as headaches, dizziness, or blurry vision.



During the first part of the healing phase, the HH appears on a brain scan as **dark rings** (indicating the edema in the brain)

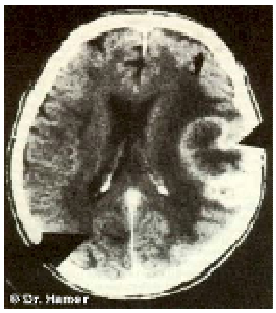
Example: The brain-CT picture shows a HH in pcl-phase A of a healing lung tumor as a indication that a related "death-fright conflict" has been resolved. Most "death-fright conflicts" and thus lung cancers are triggered by diagnosis or prognosis shocks.

THE EPILEPTIC OR EPILEPTOID CRISIS (EPI-CRISIS) is initiated at the height of the healing phase and occurs simultaneously on all three levels.

With the onset of the Epi-Crisis, the individual is - in an instant - put back into a state of conflict activity. On the psychological and vegetative level, this re-activates typical sympathicotonic symptoms, such as nervousness, cold sweats, shivers, and nausea. What is the biological purpose of this involuntary conflict relapse? At the height of the healing phase (which is the deepest point of vagotonia), the edematous swelling both of the healing organ and in the related brain area (brain edema) has reached its maximum size. Exactly at this point, the brain triggers a sympathicotonic stress push, intended to press the edemas out. This vital biological counter-regulation is followed by the **urinary phase**, during which the body eliminates all the excess fluid retained during the first part of the healing phase (**pcl-phase A**).

The specific symptoms of the Epi-Crisis are determined by the type of conflict and which organ is involved. Heart attacks, strokes, asthma attacks, migraine attacks, or epileptic seizures, are just a few examples of such a healing crisis.

Second part of the healing phase (pcl-phase B) on the brain level: After the brain edema has been pressed out, **neuroglia**, which is brain-connective tissue that is always present in the brain, assembles at the site to complete the repair process on the cerebral level. The amount of glia accumulation depends on the size of the preceding brain edema (pcl-phase A). It is this natural buildup of neuroglia ("glioblastoma" - literally: sprouting glia cells) that is erroneously interpreted as a "**brain tumor**"

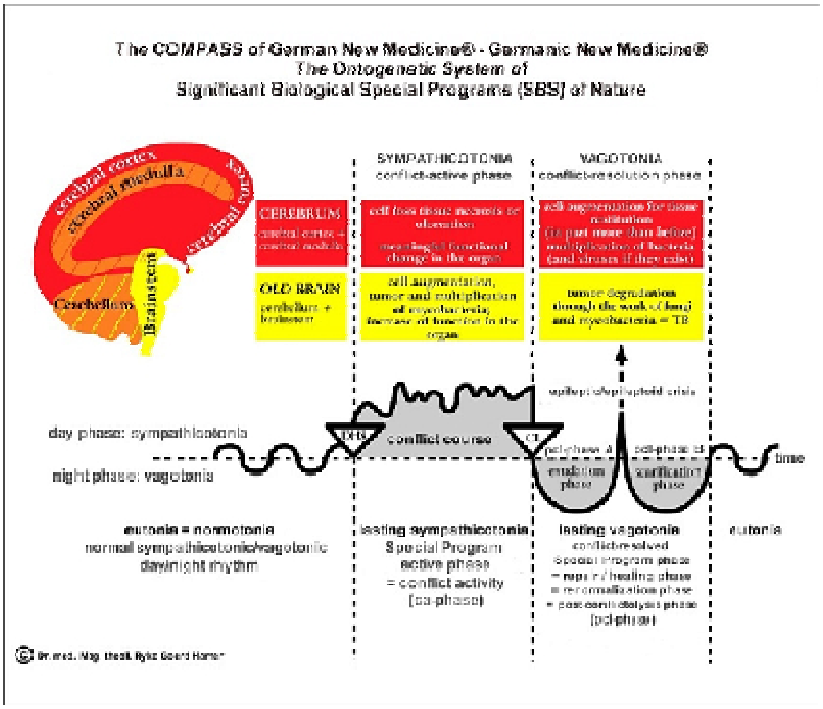


During the second part of the healing phase, the HH appears on a brain scan as a **white ring configuration.**

The brain CT-picture shows a HH in the control center of the coronary arteries, indicating that the related "**territorial loss conflict**" has been resolved.

During the Epi-Crisis the patient experienced - successfully - the expected heart attack (with angina pectoris during the ca-phase). If the preceding conflict-active phase had lasted more than 9 months, the heart attack would have been fatal. With knowing GNM early, such a serious situation can be prevented!

ORGAN LEVEL (healing phase)



After the related conflict has been resolved, **OLD BRAIN-controlled tumors** that developed during the conflict-active phase and are now no longer needed (e.g., lung tumors, colon tumors, prostate tumors), **are decomposed with the help of fungi or TB-bacteria.** If the microbes are not available, the tumor stays in place and encapsulates without further cell division.

Conversely, **CEREBRUM-controlled tissue loss** that occurred during the ca-phase, **is now replenished and refilled with new cells**. This repair process takes place during the **first part of the healing phase** (pcl-phase A). Here we find cervical cancer (cell-meltdown during the ca-phase), ovarian cancer, testicular cancer, intra-ductal breast cancer, bronchial cancer, or lymphoma. During the **second part of the healing phase** (pcl-phase B), the tumors slowly degrade. Standard medicine misinterprets these in realty **curative tumors** as malignant cancerous growths (see Article "The Nature of Tumors").

Symptoms of the PCL-phase, such as swelling (edema), inflammation, pus, discharge (potentially mixed with blood), "infections", fever, and pain, are an indication that a NATURAL HEALING PROCESS is taking place.

The **duration and the severity of the healing symptoms** are determined by the intensity and length of the preceding conflict-active phase. Conflict relapses that continuously interrupt the healing phase, *prolong* the healing process.

Chemo or radiation treatments brutally disrupt the natural healing of cancers. Since our organism is inherently programmed to heal, the body will continue to try finishing the repair process as soon as the treatment is over. The "cancer recurrence" is usually followed by even more aggressive treatment protocols!

Since **"Official Medicine"** fails to recognize the two-phase pattern of every "disease", doctors either see a stressed out patient with a growing tumor (ca-phase), missing that there is a healing phase ahead, or they see a patient with fever, "infection", inflammation, discharge, headaches or other pain (pcl-phase), not realizing that these are in fact healing symptoms of a preceding conflict-active phase.

By overlooking either one of the two phases, symptoms that belong only to one phase are viewed as a disease in itself, for example, osteoporosis, which occurs in the conflict-active phase of a "self-devaluation conflict", and arthritis, which is a symptom of the healing phase of the same type of conflict.

This unawareness is particularly tragic, if a patient is diagnosed with a "malignant" cancer or even a "metastatic cancer", although the cancer is already undergoing a natural healing process.

If medical doctors acknowledged the biological psyche-brain-organ correlation, they would also recognize that the two phases are in fact two parts of ONE SBS, verifiable by a brain scan, on which the HH would be found in *both* phases in the same location. The exact appearance of the HH indicates, whether the patient is still conflict active (HH with sharp concentric rings or already healing, and furthermore, whether he is in pcl-phase A (HH with edematous rings) or in pcl-phase B (HH with white (glia) accumulation), indicating that the crucial point of the Epi-Crisis has already been passed (see Article "Reading the Brain")

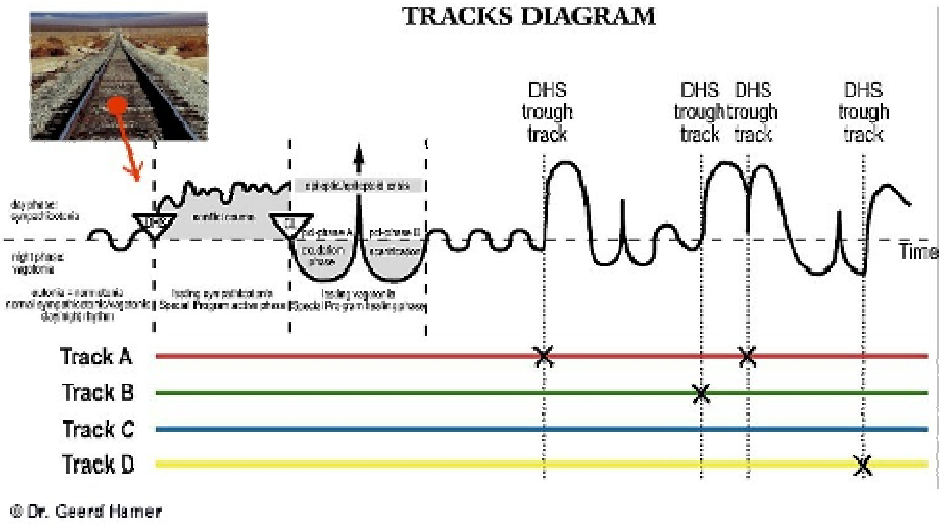
With the completion of the healing phase, Normotonia and the normal day-night-rhythm are restored on all three levels.

HANGING HEALING

The term **"hanging healing"** refers to the situation that the healing phase cannot be completed, because of repetitive conflict relapses.

CONFLICT RELAPSES OR "TRACKS"

When we experience a conflict shock (DHS), our mind is in a state of acute awareness. Highly alert, our subconscious picks up all components associated with the particular conflict situation, e.g., the location, the weather condition, people involved, sounds, smells, and so forth. In German New Medicine, we call the imprints that remain in the aftermath of a DHS, **TRACKS**.



The SBS runs on tracks, established at the moment of the DHS

If we are in the healing phase and set on one of the tracks, either through direct contact or by association, the conflict is instantly reactivated, and after a quick conflict "replay", so-to-speak, the conflict-organ-related healing symptoms follow right away, for example, a skin rash after a "separation conflict"-relapse, common cold symptoms with setting on a track of a "stink conflict", breathing difficulties or even an asthma attack in association with a "fear in the territory", or diarrhea with a "indigestible morsel conflict"-relapse. The "**allergic reaction**" can be triggered by anything or anybody who is associated with the original DHS - a food substance, certain pollen, animal hair, a certain perfume, but also a person (see Article Allergies). In conventional medicine (both allopathic and naturopathic), the main cause of allergies is believed to be a "weak" immune-system.

The **biological purpose of the track** is to function as a warning signal in order to avoid experiencing the same "danger" (DHS) a second time. In the wild, these alarm signals are vital for survival.

Tracks always have to be taken into consideration, when we are dealing with **re-occurring conditions** such as recurring colds, asthma attacks, migraines, skin rashes, epileptic seizures, hemorrhoids, bladder infections, and so on. Of course, any **cancer relapse** has to be understood from this perspective as well. Tracks also play a role in **"chronic" conditions**, such as arteriosclerosis, arthritis, Parkinson, or MS.

In GNM-therapy, reconstructing the event of the DHS together with all its accompanying tracks is a significant measure for completing the healing process.

THE THIRD BIOLOGICAL LAW

THE ONTOGENETIC SYSTEM OF CANCER AND CANCER-EQUIVALENTS

Dr. Hamer: "The science of embryology and our knowledge of the evolution of man is the foundation of medicine. They are the two sources that reveal to us the nature of cancer and of all so-called 'diseases'".

The Third Biological Law explains the correlation between the psyche, the brain, and the organ within the context of the embryonic (ontogenetic) and evolutionary (phylogenetic) development of the human organism. It shows that neither the location of the HH in the brain nor the cell proliferation (tumor) or tissue loss following a DHS are accidental, but embedded in a meaningful biological system **inherent in every species**.

THE EMBRYONIC GERM LAYERS:

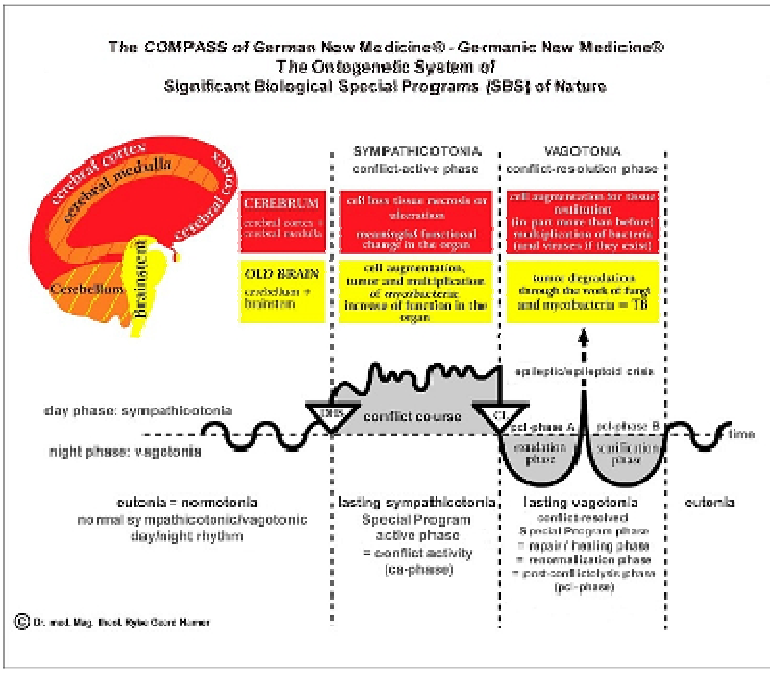
We know from the science of embryology that within the first 17 days of the embryonic stage, three germ layers develop from which all organs and tissues originate.

The three embryonic germ layers are the **endoderm**, **mesoderm**, and **ectoderm**.

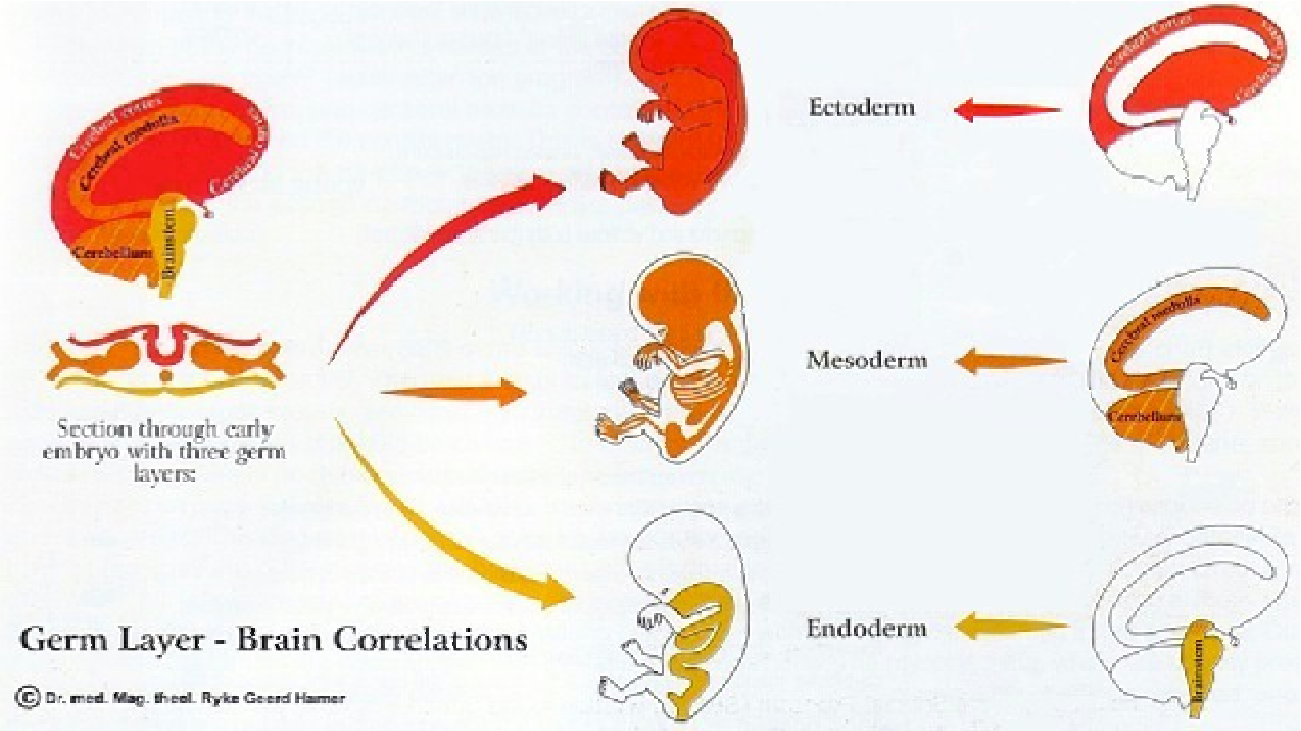
Endoderm (yellow section)

Mesoderm (orange section)

Ectoderm (red section)



During the embryonic development, the growing fetus passes in a highly accelerated speed through all the evolutionary stages from a single celled organism to a complete human being (the ontogenetic development repeats the phylogenetic development).



The diagram above shows that all tissues that derive from the same germ layer are controlled from the same part of the brain

> ***"The scaffolding of our entire body originated in a surprising ancient place: single-celled animals."***
>
> (Neil Shubin, *Your Inner Fish,* 2008)

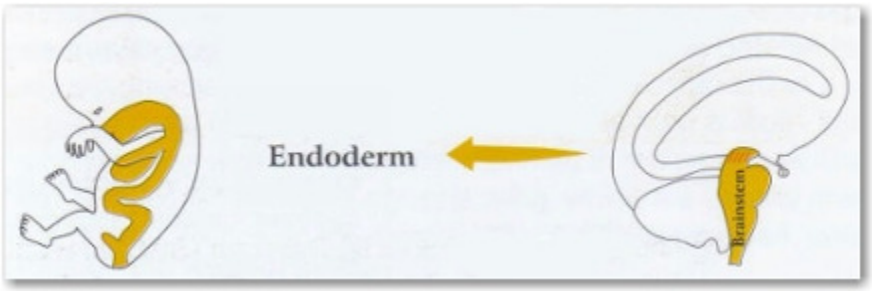
Most of our organs, notably the colon, derive from only one of the three germ layers. Others, such as the heart, the liver, the pancreas, or the bladder, are made up of different tissues that derive from different germ layers. These tissues, which merged over time for functional reasons, are regarded as one organ, even though they often have their control centre in widely separated areas of the brain. On the other hand, there are organs that lie far apart from each other in the body such as the rectum, the larynx, and the coronary veins, but are controlled from areas that are close together in the brain.

THE ENDODERM (Inner Germ Layer)

The endoderm is the germ layer that developed first during the course of evolution. It is therefore the germ layer that forms the "oldest" organs during the very first period of the embryonic stage.

Organs and tissues that derive from the endoderm are:

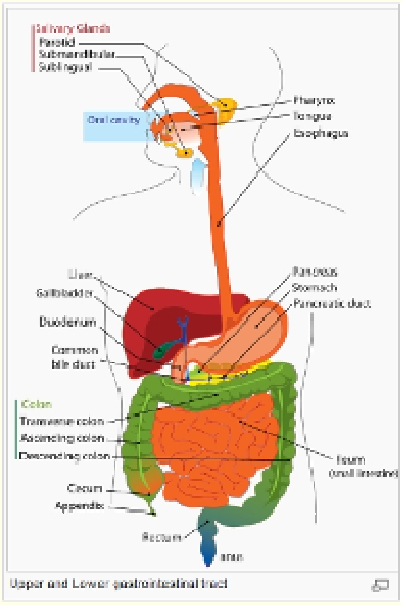
- Mouth (sub mucosa)
  - Palate
  - Tongue
  - Tonsils
  - Salivary and Parotid Glands
- Naso-Pharynx
- Thyroid Gland
- Esophagus (lower third)
- Lungs (lung alveoli)
- Goblet cells (in bronchia)
- Liver and Pancreas
- Stomach and Duodenum
- Small Intestine and Colon
- Sigmoid and Rectum (upper third)
- Bladder
- Kidney Collecting Tubules
- Prostate
- Uterus and Fallopian Tubes
- Nuclei of the Acoustic Nerves



All organs and tissues that originate from the endoderm consist of **adeno cells**, which is why cancers of these organs are called "adeno carcinomas".

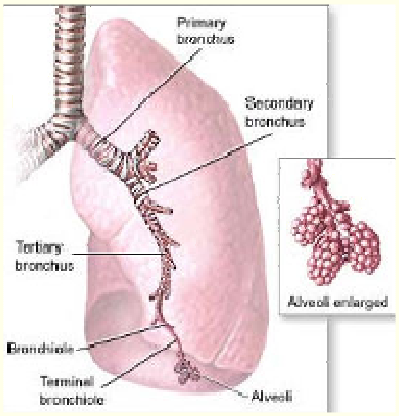
Organs and tissues deriving from the *oldest* germ layer are controlled from the *oldest* part of the brain, which is the **BRAINSTEM**, and, consequently, correlate to the *oldest* biological conflicts.

BIOLOGICAL CONFLICTS: The biological conflicts linked to endodermal tissues relate to breathing (lungs), food (organs of the alimentary canal), and procreation (prostate and uterus).



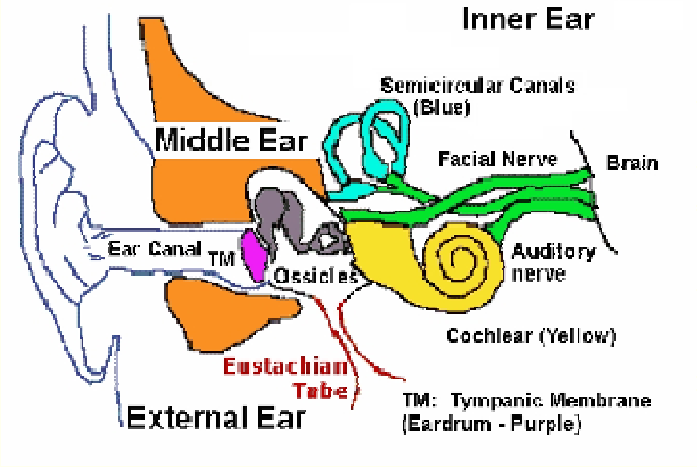
The **organs and tissues of the alimentary canal** - from the mouth to the rectum - are biologically linked to "**MORSEL-CONFLICTS**" (alluding to the real food morsel). The "inability of getting a hold of a morsel" correlates to the **mouth and pharynx** (including the palate, tonsils, salivary glands, naso-pharynx, and thyroid gland); the "conflict of not being able to swallow a morsel" relates to the **esophagus** (lower part); conflicts of "not being able to absorb or digest a morsel" are linked to the digestive organs, such as the **stomach** (except the small curvature), the **small intestines**, the **colon**, the **rectum** as well as the **liver** and the **pancreas**.

Animals experience these "morsel-conflicts" in real terms, for example, when they cannot find food or when a food chunk or bone is stuck in the intestine. Since we humans are able to interact with the world in a figurative fashion through language and symbols, we can experience such "morsel-conflicts" also in a transposed sense. A figurative morsel can translate into a contract or a person we could not "catch", an offending remark we could not "digest", "morsels" we want to possess, "morsels" that were taken away from us, or "morsels" we cannot get rid of.

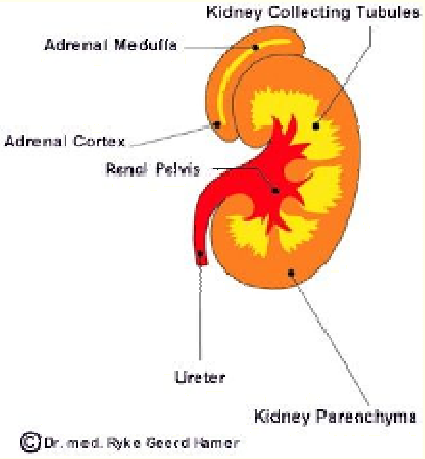


The **lungs**, more precisely the lung alveoli that process oxygen, are linked to a "**death-fright conflict**", triggered by a life-threatening situation.

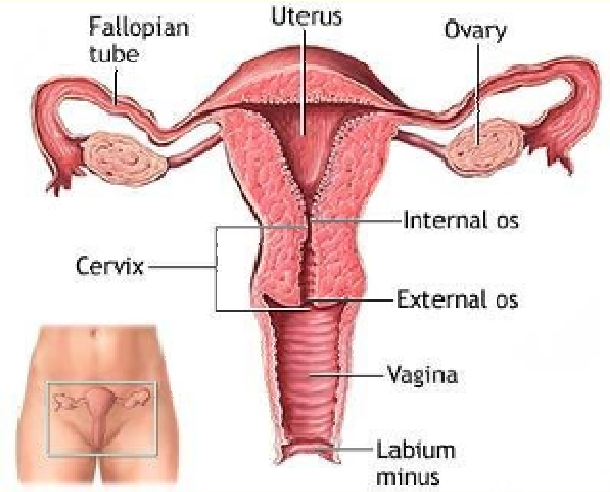
The **goblet cells** in the bronchia correlate to a "**fear of suffocation**".



The **middle ear** relates to **hearing conflicts** (the "sound-morsel"). The conflict of "not being able to catch a sound morsel", for example not hearing Mommy's voice, affects the right ear, whereas the conflict of "not being able to get rid of a sound morsel", for instant loud annoying noise, affects the left ear. An intense conflict-activity results in a middle ear "infection" during the healing phase.

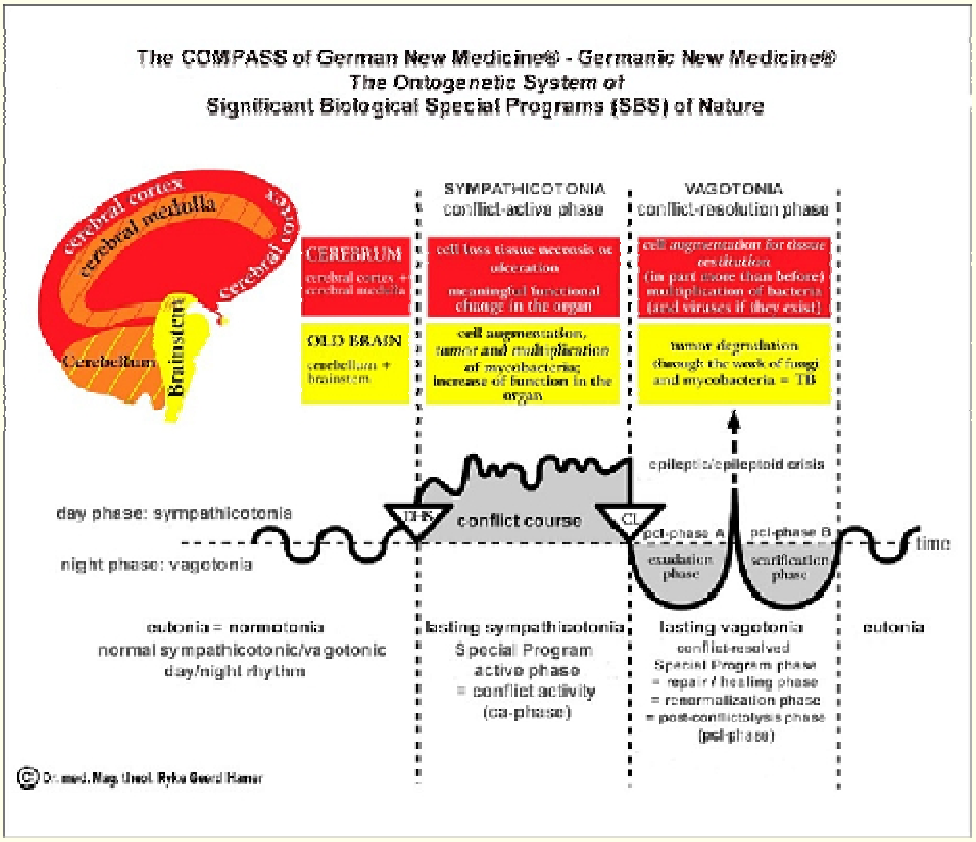


The **kidney collecting tubules**, which are the oldest tissues of the kidneys, correspond to biological conflicts that relate back to the time when our distant ancestors where still living in the ocean and being thrown on shore would pose a life-threatening situation. We humans can suffer such a "fish-out-of-water"-DHS as an "**abandonment conflict**" (feeling isolated, excluded, left behind), as a "**refugee conflict**" (having to flee our home), as an "**existence conflict**" (our life or livelihood is at stake), or as a "**hospitalization conflict**".



The **uterus and fallopian tubes** as well as the **prostate gland**, are linked to "**procreation conflicts**" and "**ugly conflicts with the opposite gender**".

With regard to brainstem-controlled tissues, **laterality** is not significant! Thus, if, for example, a right-handed woman suffers an "abandonment conflict", the conflict impacts arbitrarily in the right or left kidney tubule-relay (regardless, whether the conflict was over a child or over a partner).



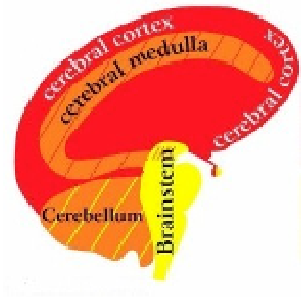
BRAIN-ORGAN-GERM LAYER RELATION:

All organs and tissues that derive from the endoderm generate during the **conflict active phase cell proliferation**. Thus, **cancers of the mouth** as well as **esophagus cancer**, **stomach and duodenal cancer**, **liver cancer**, **pancreas cancer**, **cancer of the colon and rectum**, **bladder cancer**, **kidney cancer**, **lung cancer**, **uterus cancer**, or **prostate cancer**, are all controlled from the brainstem and are caused by their corresponding biological conflicts. With the resolution of the conflict such tumors immediately stop growing.

In the healing phase, **the additional cells (the "tumor") that served a biological purpose during the conflict-active phase, are decomposed with the help of specialized microbes** (fungi and myco-bacteria. If the tissue related microbes are not available, perhaps due to an overuse of antibiotics, the tumor stays in place and encapsulates without further cell division.

This natural healing process typically comes with **swelling (edema)**, **inflammation**, **(tubercular) discharge (potentially mixed with blood)**, **night sweats**, **fever**, and **pain**. Here we also find conditions such as **Crohn's Disease and Colitis Ulcerosa** as well as fungal "**infections**", like **candidiasis**. The condition only becomes "chronic", if the healing process is continuously interrupted by conflict relapses.

THE MESODERM (**Middle Germ Layer**) is divided into an older and a younger group.



The **old mesoderm** is directed from the **cerebellum**, which is part of the **OLD BRAIN** (brainstem and cerebellum).

The **new mesoderm** is directed from the **cerebral medulla**, which belongs already to the **CEREBRUM.**

OLD MESODERM

The old mesoderm developed after our ancient relatives had moved on land and a skin was needed to protect the organism from the elements and from attacks.

Organs and tissues that derive from the old mesoderm are:

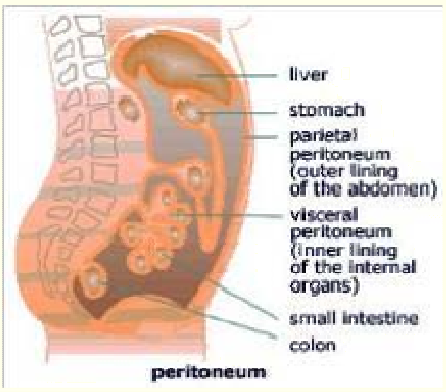
- Corium Skin (under skin)
- Pleura (lining of the lungs)
- Peritoneum (lining of the abdominal cavity and abdominal organs)
- Pericardium (skin that covers the heart)
- Breast Glands (milk producing glands)

All organs and tissues that originate from the old mesoderm consist of **adenoid cells**, which is why cancers of these organs are called "adeno carcinomas"

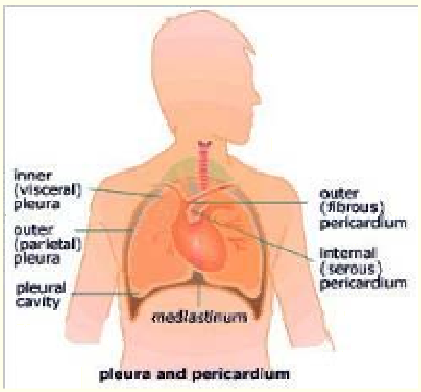
Organs and tissues deriving from the old mesoderm are controlled from the **CEREBELLUM** (part of the Old Brain). The biological conflicts relate to the function of the respective organ.

BIOLOGICAL CONFLICTS: The biological conflicts linked to old mesodermal, tissues relate to "attack-conflicts" (first skins) and "nest-worry conflicts" (breast glands).

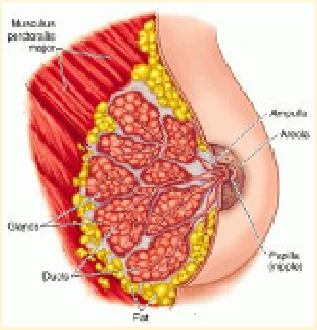
"**Attack conflicts**" can be experienced literally or figuratively. For example, an "attack against the skin" (**corium skin**) can be triggered by a physical attack, verbal attack, or an attack against our integrity, but also - *without* an emotional component - through sun 'burns', which the organism may associate as an "attack".



A figurative "attack against the abdomen" (**peritoneum**) can be caused by an unexpected announcement of a surgery in the abdominal area (colon, ovaries, uterus, etc.)



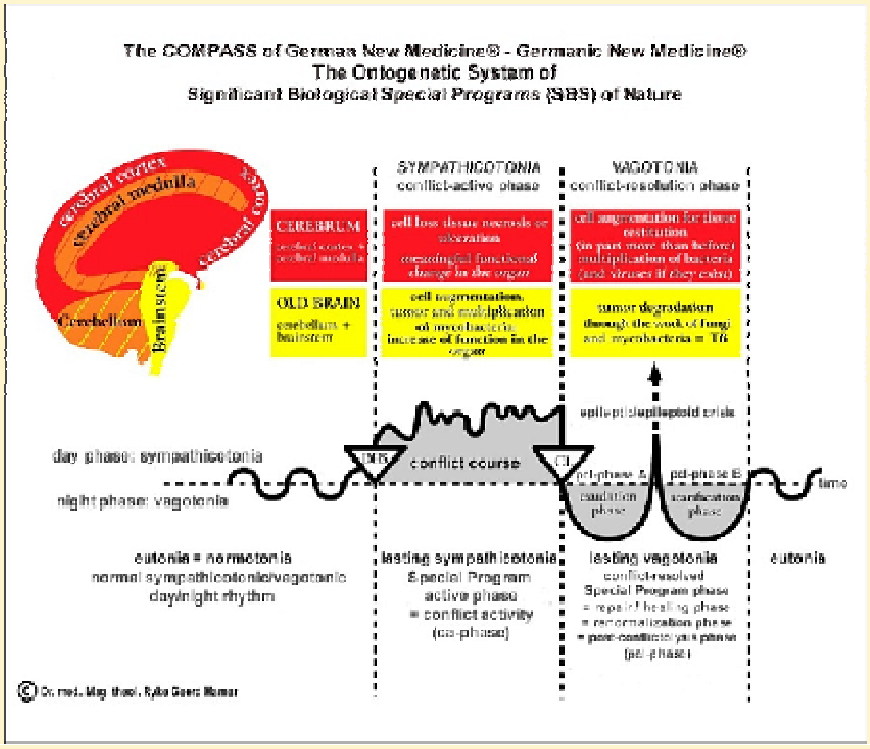
An "attack against the chest" (**pleura**) can be triggered, for example, due to a mastectomy; an "attack against the heart" (**pericardium**) together with a heart "attack".



The **breast glands**, synonymous with caring and nurturing, respond to a "**nest-worry-conflict**". With the development of mammals, the breast glands developed out of the corium skin, which is why their control center is in the same part of the brain, namely the cerebellum.

With regard to cerebellum-controlled organs and tissues, there is a cross-over correlation from the brain to the organ. The rule of **laterality** has to be taken into account. If, for example, a right-handed woman suffers a "nest-worry conflict" in relation to her child, the conflict impacts on the *right* hemisphere of the cerebellum, causing the development of a glandular breast cancer in her *left* breast during the conflict-active phase.

BRAIN-ORGAN-GERM LAYER RELATION:



All organs and tissues that derive from the old mesoderm generate during the **conflict active phase cell proliferation**. Thus, cancers of the corium skin (**melanoma**), **glandular breast cancer**, or **peritoneal**, **pleural** and **pericardial tumors** (so-called **mesotheliomas**), are all controlled from the cerebellum and are caused by their corresponding biological conflicts. With the resolution of the conflict, the tumors immediately stop growing.

In the healing phase, the additional cells (the "tumor") that served a biological purpose during the conflict-active phase, are decomposed with the help of specialized microbes (fungi and myco-bacteria).

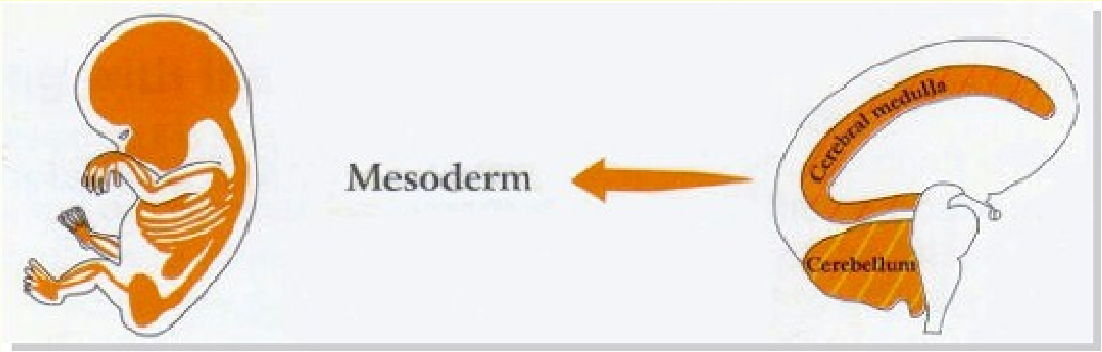
The natural healing process is typically accompanied by **swelling (edema), inflammation, (tubercular) discharge (potentially mixed with blood), ("infections")**, **night sweats, fever**, and **pain**. If the tissue related microbes are not available, the tumor stays in place and encapsulates without further cell division.

NEW MESODERM

The next evolutionary step was the development of a muscular and skeletal structure.

Organs and tissues that derive from the new mesoderm are:

- Bones (including tooth dentin)
- Cartilage
- Tendons and Ligaments
- Connective tissue
- Fat tissue
- Lymphatic system (Lymph vessels & Lymph nodes)
- Blood vessels (except coronary vessels)
- Muscles (striated musculature)
- Myocardium (80% striated heart muscle)
- Kidney Parenchyma
- Adrenal cortex
- Spleen
- Ovaries
- Testicles

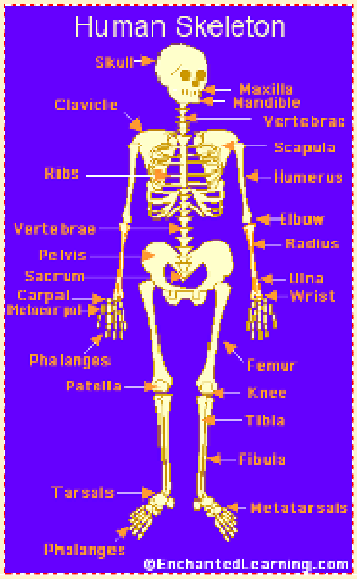


All organs and tissues that derive from the new mesoderm are controlled from the **CEREBRAL MEDULLA**, which is the interior part of the cerebrum.

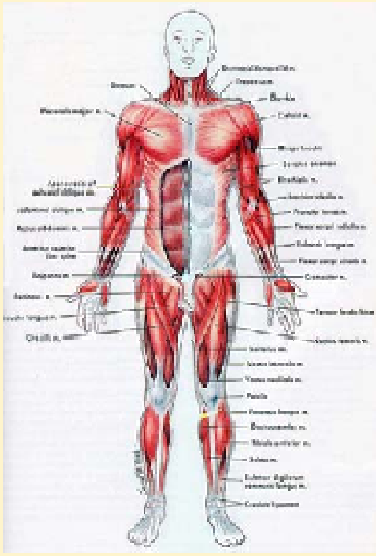
NOTE: The muscle *tissue* is controlled from the cerebral medulla, whereas muscle *movement* is directed from the motor cortex. The smooth musculature of the myocardium (20%) as well as of the colon and uterus are controlled from the midbrain, which is part of the brainstem.

BIOLOGICAL CONFLICTS: The biological conflicts linked to new mesodermal tissues relate predominantly to "self-devaluation conflicts".

A "**self-devaluation conflict**" refers to a loss of self-esteem or self-worth.

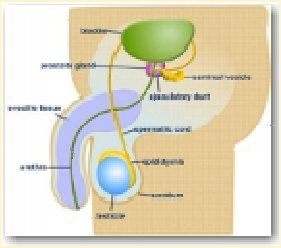


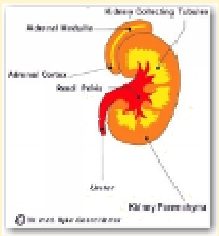
Whether the self-devaluation conflict (SDC) involves the **bones**, the muscles, the cartilage, the tendons, the ligaments, the connective tissue, the fat tissue, the blood vessels, or the lymph nodes, is determined by the **intensity of the conflict** (severe SDC affects bones or joints; a less intense SDC affects the lymph node(s) or muscles; a small SDC affects the tendons).



The **exact location of the symptoms** (arthritis, muscle atrophy, or tendonitis) **is determined by the exact nature of the self-devaluation conflict**. A "dexterity conflict", experienced, for instance, with the failure to perform a manual task such as typing or fine manual work, affects the hand and fingers; an "intellectual self-devaluation conflict", triggered, for example, by having failed an exam or by being put down by somebody, involves the neck.

The **ovaries** and **testicles** are biologically linked to a "profound loss conflict" - the unexpected loss of a loved-one, including a pet. A fear of such a loss can already trigger the onset of the SBS.





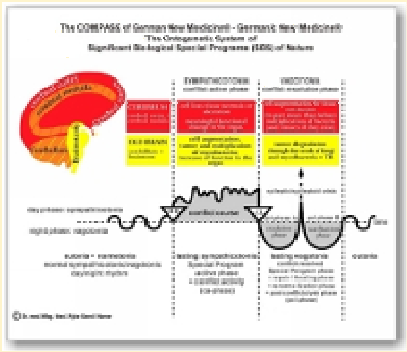
The **kidney parenchyma** (orange) is associated with a "water or fluid conflict" (e.g. a near drowning experience); the **adrenal cortex** is linked to the conflict of "having gone into the wrong direction", e.g. having made a wrong decision.

The **spleen** relates to a "blood or injury conflict" (heavy bleeding or, in a transposed sense, an unexpected blood test result).

The **myocardium** (heart muscle) relates to the "conflict of being completely overwhelmed".

With regard to medulla-controlled organs and tissues, there is a cross-over correlation from the brain to the organ. The rule of **laterality** has to be taken into account. If, for example, a right-handed woman suffers a "loss conflict" over her partner, the conflict impacts on the *left* hemisphere of the cerebral medulla, causing the development of an ovarian necrosis of the *right* ovary during the conflict-active phase. If she were left-handed, it would be reversed.

BRAIN-ORGAN-GERM LAYER RELATION:



In the cerebrum we have a new situation.

All organs and tissues that originate from the new mesoderm generate during the **conflict active phase tissue loss** as we see, for example, in **osteoporosis**, **bone cancer**, **muscular atrophy**, or **necroses of the spleen**, **ovaries**, **testicles**, or **kidney parenchyma tissue**, caused by their corresponding biological conflicts. With the resolution of the conflict the tissue-meltdown process immediately stops.

During the healing phase, the tissue loss is replenished through cell proliferation, ideally with the help of the tissue-related bacteria.

The natural healing process is typically accompanied by **swelling (edema)**, **inflammation**, **fever**, "**infection**" and pain. If the necessary microbes are not available, healing still occurs but not to a biologically optimal degree. Cancers such as **lymphoma** (Morbus Hodgkin), **adrenal cancer**, **Wilm's Tumor**, **osteosarcoma**, **ovarian cancer**, **testicular cancer**, or **leukemia**, are all of a curative nature and an indication that the related conflict has been resolved. Here we also find conditions such as **varicose veins**, **arthritis**, or **spleen enlargement**. Any healing condition becomes "chronic", if the healing process is repeatedly interrupted by conflict relapses.

NOTE: The biological purpose of ALL cerebral medulla controlled SBSs is *at the end* of the healing phase. After the completion of the repair phase, the tissues (bones or muscles) and organs (ovaries, testicles, and so forth) are much stronger than before, and thus, better prepared in case of another DHS of the same nature.

THE ECTODERM (Outer Germ Layer)

When the under skin proved insufficient, a second skin developed that covered the entire corium skin. This second epithelial layer also migrated into the opening of the mouth as well as into the rectum, where it lined certain organs as well as organ ducts.

Organs and tissues that derive from the ectoderm are:

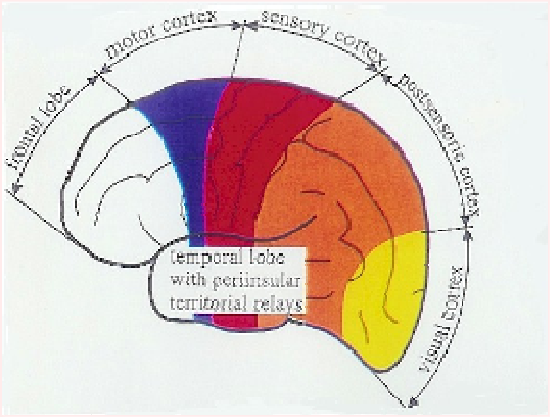
- Epidermis (skin)
- Periosteum (skin that covers the bones)
- Mouth (upper mucosa), incl. palate, gums, tongue, lining of salivary gland ducts
- Nasal and sinuses membrane
- Inner ear
- Lens, cornea, conjunctiva, retina, and vitreous body of the eyes
- Teeth enamel
- Lining of the milk ducts
- Lining of the thyroid gland ducts and of pharyngeal ducts
- Lining of the heart vessels (coronary arteries and coronary veins)
- Esophagus (upper 2/3)
- Laryngeal mucosa and Bronchial mucosa
- Stomach lining (small curvature)
- Lining of the bile ducts and gall bladder, and of pancreatic ducts
- Cervix and vagina
- Lining of renal pelvis, bladder, ureter, and urethra
- Lining of the rectum (lower part)
- Nerve cells of the Central Nervous System

All organs and tissues that originate from the ectoderm consist of **squamous epithelial cells.** This is why cancers of these organs are called "squamous epithelial carcinomas".

All organs and tissues that derive from the ectoderm (the *youngest* germ layer) are controlled from the *youngest* part of the brain, the **CEREBRAL CORTEX**, and therefore they relate to more advanced biological conflicts.

BIOLOGICAL CONFLICTS: In accordance with the evolutionary development of the human organism, the biological conflicts linked to ectodermal tissues are of a more advanced nature.

Cerebral cortex controlled tissues relate to "**sexual conflicts**" (sexual rejection or sexual frustration), "**identity conflicts**" (not knowing where to belong), or "**TERRITORIAL CONFLICTS**", e.g., **territorial fear conflicts** (fright or scare within the territory) linked to the **larynx** and **bronchia**, **territorial loss conflicts** (a fear of losing the territory or the actual loss of it) linked to the coronary vessels; **territorial anger conflicts** - linked to the lining of the stomach, bile ducts, and pancreatic ducts; the inability of marking the territory (linked to the renal pelvis, the bladder, ureter and urethra). "**Separation conflicts**" correlate to the skin and the milk-ducts lining. The Significant Biological Special Programs (SBS) of all these conflicts are exclusively controlled from specific brain areas in the **SENSORY CORTEX** (see diagram below).



The **POSTSENSORY CORTEX** controls the periosteum (skin that lines the bones) which relates to "separation conflicts", experienced as particularly severe or "brutal".

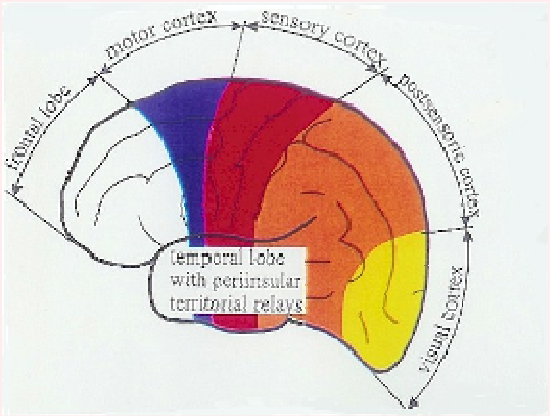
The **MOTOR CORTEX**, controlling the muscle movements, is programmed with biological responses to "motor conflicts", such as “not being able to move”, "not being able to escape" or "feeling stuck".

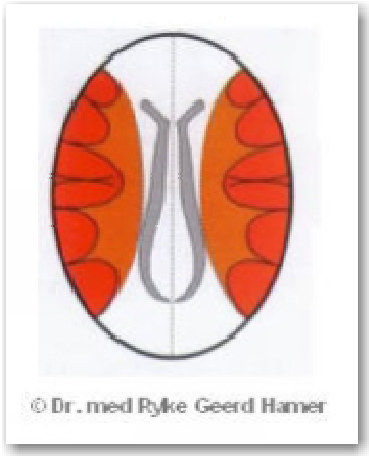
The **FRONTAL LOBE** receives "**frontal-fear-conflicts**" (a fear of heading into a dangerous situation) or "**conflicts of feeling powerless**", linked to the lining of the thyroid ducts and pharyngeal ducts.

The **VISUAL CORTEX** relates to "**dangers that threaten from behind**", linked to the retina and the vitreous body of the eyes.

Other conflicts that relate to the cerebral cortex are "**stink conflicts**" (nasal membrane), "**bite conflicts**" (teeth enamel), "**oral conflicts**" (mouth, including the gums), "**hearing conflicts**" (inner ear), and "**disgust and revulsion conflicts**" or "**fear and resistance conflicts**" (islet cells of the pancreas).

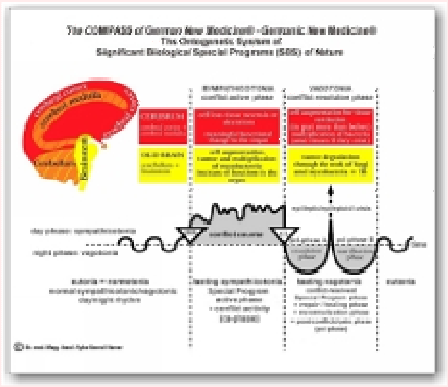
With organs that are controlled from the motor cortex, (post)sensory cortex, and visual cortex, the rules of **laterality** have to be taken into account. If, for example, a left-handed-man suffers a "separation conflict" over his mother, the conflict impacts on the *left* hemisphere of the sensory cortex, causing a skin rash on the *right* side of the body during the healing phase..





In the **TEMPORAL LOBE** (see diagram), in addition to **laterality** and **gender** (male or female), the **hormone status**, explicitly the estrogen and testosterone status, have to be taken into account. The hormonal status determines whether the conflict is experienced in a male or female manner, which in turn determines whether the conflict impacts on the right or left hemisphere of the temporal lobe. The *right* side of the temporal lobe is the "testosterone or male side", whereas the *left* side is the "estrogen or female side". If the hormone status changes as after menopause, or if the estrogen or testosterone level is suppressed through medication (contraceptives, estrogen or testosterone lowering drugs, or Chemo), the biological identity also changes. Hence, after menopause a female can suffer "male conflicts", which register on the right, "male", brain hemisphere, resulting in different physical symptoms than if she were pre-menopausal.

BRAIN-ORGAN-GERM LAYER RELATION:



All organs and tissues deriving from the ectoderm generate during the **conflict active phase tissue loss (ulceration)**. With the resolution of the conflict the ulceration process immediately stops.

In the healing phase, the tissue loss that served a biological purpose during the conflict-active phase, is refilled and replenished through cell proliferation (whether viruses assist the tissue repair is highly questionable).

The natural healing process is typically accompanied by **swelling (edema)**, **inflammation**, **fever**, and **pain**. Bacteria (if available) assist the formation of scar tissue, resulting in symptoms of a "*bacterial* infection", for example, a bladder infection.

Cancers such as **intra-ductal breast cancer**, **bronchial carcinoma**, **cancer of the larynx**, **Non-Hodgkin's lymphoma**, or **cervical cancer**, are all of a curative nature and an indication that the related conflict has been resolved. Here we also find conditions such as **skin rashes**, **hemorrhoids**, the **common cold**, **bronchitis**, **laryngitis**, **jaundice**, **hepatitis**, **cataract**, or **goiter.**

FUNCTIONAL DISTURBANCE OR FUNCTIONAL LOSS

Instead of ulceration, certain cerebral cortex controlled organs, namely the **muscles**, the **periosteum** (skin that covers the bones), the **inner ear**, the **retina of the eyes**, and the **islet cells of the pancreas**, display during the conflict-active phase functional disturbance or functional loss, as we see, for example, in **hypoglycemia**, **diabetes**, **visual and hearing impairments**, **sensory or motor paralyses**. During the healing phase, to be precise, after the Epi-Crisis, the organ and tissue can regain its normal function, provided that a hanging healing situation can come to a close.

The Scientific Chart of German New Medicine® shows at a glance

- **the correlation between psyche - brain - organ based on the Five Biological Laws,**
- **taking into account the three embryonic germ layers (endoderm, mesoderm,**
- **ectoderm)**

- **the type of biological conflict (DHS) that relates to a particular symptom, such as a**
- **certain cancer**

- **the location of the corresponding HH (Hamer Herd) in the brain**

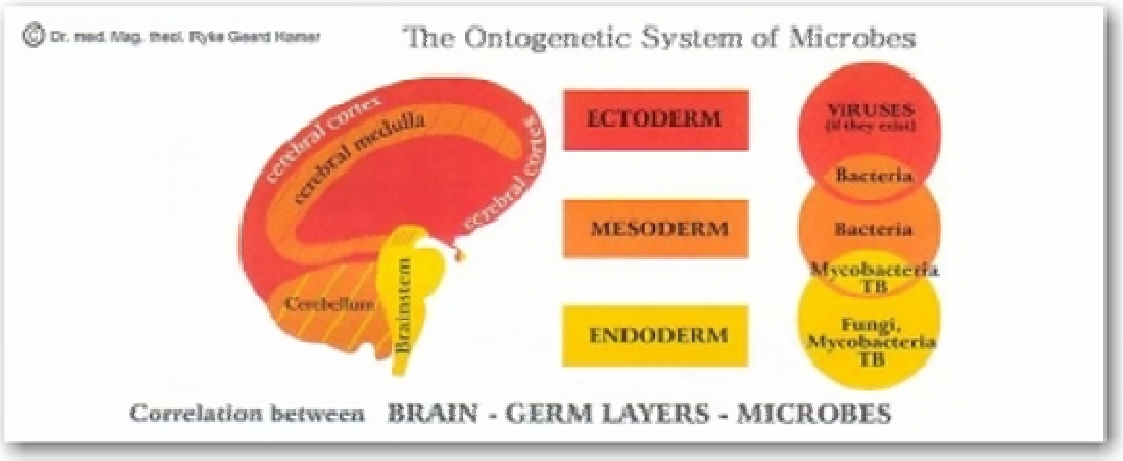
- **symptoms that indicate conflict activity - ca-phase**

- **symptoms that indicate healing - pcl-phase**

- **the biological significance of each SBS (Significant Biological Special Program)**

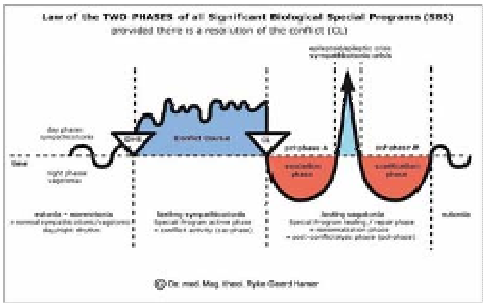
THE FOURTH BIOLOGICAL LAW

The Fourth Biological Law explains the beneficial role of microbes as they correlate to the three embryonic germ layers during the healing phase of any given Significant Biological Special Program (SBS).



For the first 2.5 billions years, microbes were the only organisms inhabiting the earth. Eventually, microbes gradually populated the developing human organism. The biological function of the microbes was to maintain the organs and tissues and keep them in a healthy state. Throughout the ages, microbes, such as bacteria and fungi, have been indispensable for our survival.

Microbes are only active in the healing phase!

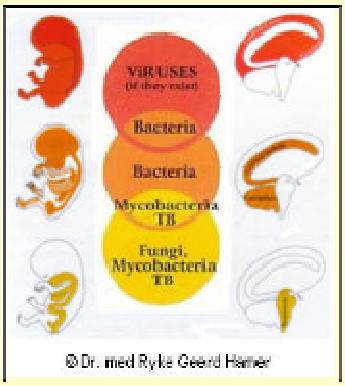


In "Normotonia" (before an SBS) as well as during the conflict-active phase, microbes are dormant. However, at the moment the conflict is resolved, the microbes residing in the conflict-related organ, receive an impulse from the brain to assist the healing process that has been set into motion.

Microbes are endemic; they live in symbiosis with all organisms of the ecological milieu, in which they have developed over millions of years. Contact with microbes that are foreign to the human organism, for example through traveling abroad, does not cause per se a "disease". However, if, let's say a European happens to resolve a conflict in the tropics and comes in contact with local microbes, the conflict-related organ will use the bacteria or fungi during the healing phase. Since the body is not accustomed to these exotic helpers, the healing process can be quite severe.

Microbes don't cross the tissue threshold!

Correlation between microbes, germ layers, and the brain



The diagram shows the classification of microbes in relation to the three embryonic germ layers and the areas of the brain, from where the activities of microbes are controlled and coordinated.

Mycobacteria and fungi operate exclusively in tissues that originate from the endoderm and the old mesoderm; bacteria that are not mycobacteria participate in the healing of tissues deriving from both the old and new mesoderm.

This biological system is inherent in every species

The manner in which microbes assist the healing process is in full accordance with evolutionary logic.

FUNGI and MYCOBACTERIA (TB-Bacteria) are the oldest microbes. They work exclusively on organs and tissues controlled from the **OLD BRAIN** (brainstem and cerebellum), which are of endodermal or old mesodermal origin.

During the healing phase, fungi, such as *candida albicans*, or mycobacteria, like tubercular bacteria (TB), decompose the cells that served a biological purpose during the conflict-active phase.

As natural "micro-surgeons", fungi and mycobacteria *remove*, for example, colon tumors, lung tumors, kidney tumors, liver tumors, prostate tumors, glandular breast tumors, that are no longer needed.

What makes mycobacteria so remarkable is that they start to multiply immediately at the moment of the DHS. They multiply at a rate parallel to the growing tumor, so that the moment the conflict is resolved, the exact amount of tubercular bacteria will be available to decompose and remove the cancer.

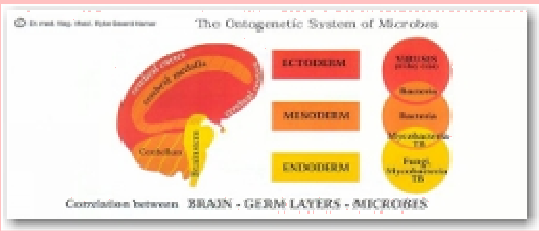
Symptoms: During the decomposing process, the remnants of the healing process are eliminated through the stool (colon-SBS), the urine (kidney-SBS, prostate-SBS), or the lungs (lung-SBS), typically accompanied with **night sweats, discharge** (potentially mixed with blood), **swelling**, **inflammation**, **fever**, **and pain**. This natural microbial process is erroneously called an "infection".

If the necessary microbes have been eradicated, for example through over-use of antibiotics or "Chemo", **the tumor encapsulates and stays in place with no further cell division**.

BACTERIA that are not mycobacteria operate on organs and tissues that originate from the mesoderm – controlled from the **CEREBELLUM** and the **CEREBRAL MEDULLA**.

During the healing phase, these bacteria either remove cells or tumors that are no longer required (cerebellum controlled) **or help to replenish the tissue loss that took place during the conflict-active phase** (cerebral medulla controlled). Staphylococcus bacteria or streptococcus bacteria, for example, assist the reconstruction of bone tissue and help to rebuild the cell loss (necrosis) of ovarian or testicular tissue. They also take part in the formation of scar tissue, as connective tissue is controlled from the cerebral medulla. Should these bacteria be absent, healing still occurs, although not to the biological optimum.

Symptoms: discharge, swelling, inflammation, fever, and pain.
This natural microbial restoration process is erroneously called an “infection”.



As far as the role of "**viruses**" is concerned, in GMM we prefer to speak of "**hypothetical viruses**", since lately the existence of viruses has been called into question. The lack of scientific proof for the claim that specific viruses cause specific "infections" is in accordance with Dr. Hamer's earlier findings, namely, that the reconstruction process of ectodermal cerebral cortex-controlled tissue e.g., of the epidermis of the skin, the cervix uteri, the lining of the bile ducts of the liver, the lining of the stomach, the lining of the bronchial mucosa, or the nasal membrane, still occurs, even *without* the presence of viruses. That is to say that the skin heals without the herpes "virus", the liver without the hepatitis "virus", the nasal membrane without the "flu virus", and so forth.

Symptoms: The replenishing process is typically accompanied by **swelling**, **inflammation**, **fever**, **and pain**. This natural microbial process is erroneously called an "infection".

If viruses did in fact exist, they would - in line with evolutionary reasoning - ***assist*** **the reconstruction of ectodermal tissues!** Based on the beneficial role of microbes, viruses would not be the cause of "diseases", but would instead play a vital role in the healing process of cerebral cortex controlled tissues!

In view of the Fourth Biological Law, microbes can no longer be considered the cause of "infectious diseases". With the understanding that microbes do not *cause* diseases but *play instead a beneficial role in the healing phase*, the concept of an immune-system , viewed as a defense system against "pathogenic microbes", becomes meaningless.

THE FIFTH BIOLOGICAL LAW

THE QUINTESSENCE

Every disease is part of a Significant Biological Special Program created to assist an organism (humans and animals alike) in resolving a biological conflict.

DR. HAMER: "All so-called diseases have a special biological meaning. While we used to regard Mother Nature as fallible and had the audacity to believe that She constantly made mistakes and caused breakdowns (malignant, senseless, degenerative cancerous growths, etc.) we can now see, as the scales fall from our eyes, that it was our ignorance and pride that were and are the only foolishness in our cosmos. Blinded, we brought upon ourselves this senseless, soulless and brutal medicine. Full of wonder, we can now understand for the first time that Nature is orderly (we already knew that), and every occurrence in nature is meaningful, even in the framework of the whole, and that the events we called diseases are not senseless disturbances to be repaired by sorcerers apprentices. We can see that nothing is meaningless, malignant or diseased."

written by: Caroline Markolin, Ph.D.

Extracted from:
www.LearningGNM.com

Disclaimer:
The information in this document does not replace professional medical advice.